

401641

SITE SAFETY FOLLOW UP REPORT

ORIGINAL
(Red)

Actual Date of Work: June 6, 1984

Actual Site Investigation Team:

NUS Personnel:

(b) (4)
(b) (4)
(b) (4)
(b) (4)

Other:

Mr. Meers Johnson

Responsibilities:

ASITL
SO
Sampler
Sampler
Sampler
Sampler
SITL

Purpose:

Bishop Tube

PERSONAL PROTECTIVE EQUIPMENT

ORIGINAL
(Red)

- a. Level of Respiratory Protection Used**

Activity Performed

Level D

Water Sampling

- b. Field Dress**

Activity

Level D

Water Sampling

MONITORING EQUIPMENT

- a. HNU

- o Background reading
- o Readings above background
- o Location of high readings

0

None

None

- b. Radiation

- o Readings above background? _____ Yes x No
- o If yes, specify where readings were found and what action was taken.

GENERAL SAFETY

- a. Were any safety problems encountered while on site?

Explain: None

Accident Report Information

- | | Yes | No |
|---|-------|----------|
| a. Did any team member report: | | |
| o Chemical Exposure | _____ | <u>X</u> |
| o Illness, discomfort, or unusual symptoms | _____ | <u>X</u> |
| o Environmental Problems (heat, cold, etc.) | _____ | <u>X</u> |

b. Explain:

- c. Was an Employee Exposure/Injury Incident Report completed? Yes X No

Safety Plan Evaluation

- a. Was the Safety Plan Adequate? X Yes No

b. What changes would you recommend?

None

Prepared by: (b) (4)(b) (4)
Reviewed by: (b) (4)
Team Leader: (b) (4)
Approved by: _____